

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1086751

Vendor Name: IACE Travel

Check Details:

Check Number: E0106669

Check Amount: \$ 15,000.00

Check Date: 3/26/2025

Invoice Details:

Invoice Number: 2025SU

Invoice Date: 3/7/2025

PO Number: NULL

Voucher Number: V0878929

Document Type: AP Invoice

Document Below

Check Request Form

This form may be used to request check payments only for those items for which the issuance of a purchase order would not be appropriate. Attach supporting documentation (e.g., invoice or agreement). Please refer to Administrative Procedure 2.21, Vendor Payment.

Date: _____ Vendor ID: _____ Vendor Name: _____

Payee Address: _____ Payment Due Date: _____

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
Total			\$

Check the appropriate box below:

- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

Description on Check:

Other Instructions:

All requests will require the following approvals:

Requester: _____ Print Name: _____

Budget Officer: _____ Print Name: _____

Requests \$10,000 and over will require the additional approvals below:

Next Level Supervisor (if applicable): _____ Print Name: _____

Next Level Supervisor (if applicable): _____ Print Name: _____

Next Level Supervisor (if applicable): _____ Print Name: _____

Area Administrator (only required if request is \$10,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$25,000 and over): _____ Print Name: _____

Board Approval Date (only required if request is \$25,000 and over): _____

Return approved request and all supporting documentation to Accounts Payable (SRC 2132A), invoicing@cod.edu

College of DuPage
425 Fawell Blvd
Glen Ellyn IL 60137

Invoice		
Invoice #	:	
Date	:	March 07, 2025

IACE TRAVEL
535 8th Avenue
Suite 801
New York, NY 10018

■ STATEMENT

Statement	Amount
Total Packages Deposit Amount	\$15,000.00

TOTAL AMOUNT \$15,000.00

■ GROUP

College of DuPage Japan Trip Summer 2025

■ FLIGHT ITINERARY

Departure Date	Departure City	Arrival City	Flight #	Class	Departure Time	Arrival Time
18JUL25, Fri	O'Hare Intl Airport	Tokyo Haneda Intl' Airport	JL 009	ECONOMY	01 : 30	04 : 20 (+ 1 Day)
19JUL25, Sat	Tokyo Haneda Intl' Airport	Osaka-Itami Airport	JL 101	ECONOMY	06 : 30	07 : 35
29JUL25, Tue	Osaka-Itami Airport	Tokyo Haneda Intl' Airport	JL 106	ECONOMY	08 : 25	09 : 40
29JUL25, Tue	Tokyo Haneda Intl' Airport	O'Hare Intl' Airport	JL 010	ECONOMY	11 : 30	09 : 15

"McKellin, Maren" <mckellin@cod.edu>

IACE Payment

"McKellin, Maren" <mckellin@cod.edu>

Mon, Mar 17, 2025 at 12:03 PM UTC

CC:

BCC:

Please pay the attached.

Thanks,

Maren

1 attachment

2025su IACE Japan.pdf